

Moderate anæmia was present in some of the cases, and in four out of the twelve moderate exophthalmos. Sweating was often profuse.

The temperature was of two varieties. One variety shows periods, generally lasting only a few days, of pyrexia followed by longer intervals of apyrexia; the other shows more or less continuous slight pyrexia.

There is a general arrest of development when the disease begins before the second dentition, the arrest being of bodily and not of mental development.

The course of the disease is slow. Improvement may occur for a time under treatment or spontaneously, but the disease soon progresses again until a condition of general joint-disease is reached, which seems to be permanently stationary. The disease is not in itself fatal.

The morbid anatomy of this disease was studied in three autopsies.

Still concludes from a study of these cases "that there is a disease occurring in children before the second dentition which is characterized clinically by elastic, fusiform enlargement of joints, without bony change, and also by enlargement of the gland and spleen."

The disease has hitherto been called rheumatoid arthritis, but it differs from that disease in adults clinically in the absence of bony change even when no disease is advanced, and in the enlargement of glands and spleen, and pathologically in the absence, even in advanced cases, of the cartilage changes which are found quite early in that disease, and also in the absence of osteophytic change.

These differences are not to be attributed merely to modification of the disease by difference of age, as there occurs also in children a disease in every respect identical with the rheumatoid arthritis of adults.

Under the head of rheumatoid arthritis in children at least three conditions have been confused, which are both clinically and pathologically distinct, namely: (1) The joint-disease described in the present paper; (2) a disease identical with rheumatoid arthritis of adults; (3) a disease probably identical with that described by Jaccoud as chronic fibrous rheumatism.

It is rather remarkable that the writer made no reference to tuberculous or syphilitic joint lesions and did not attempt to differentiate the disease he described from these affections.

Primary Carcinoma of the Pleura.—BENDA (*Deutsche medicin. Wochenschr.*, 1897, No. 21, S. 324) records a case of primary carcinoma of the pleura on which he performed an autopsy in September, 1895.

The patient, a workman, aged fifty-four years, was admitted to the hospital at Bethanien in December, 1894, ten months before death. For one year previous to admission he had complained of pain in the left side of the chest, and one month before admission the left pleural cavity was aspirated and three litres of fluid removed. A marked left-sided pleural exudate existed on entering the hospital. Patient was well-nourished, free from fever, urine free from albumin, and there were no special symptoms to arouse particular interest. The case was considered one of simple pleural exudate. Up to June, 1895, sixteen aspirations had been performed, large quantities of clear serous exudate, free from any formed elements, being removed on each occasion. The patient then left the hospital at Bethanien, and six

weeks later was admitted to the surgical ward of the hospital at Urban. As the patient was very anxious to have an operation performed, a rib was resected, revealing an extensive tumor connected with the pleura. Sections made from a portion of the tumor removed at the operation showed it to be carcinomatous in character. After the operation there was an abundant exudate in the left pleural cavity, which was at first serous. Fourteen days after the operation fever set in and the exudate became purulent. The patient died four weeks after the resection of the rib, with symptoms of pyæmia.

The autopsy showed that the immediate cause of death was due to the occurrence of an empyema of the left side, with metastatic abscess in the kidneys and skin. The pleural exudate showed the bacillus pyocyaneus and streptococci, although the latter were not found in the cultures. The abscesses contained chiefly bacilli. Otherwise the organs were normal with the exception of the left pleura, which presented an extensive tumor formation. The entire pleura, pulmonary, costal and diaphragmatic, was studded with nodular masses scarcely reaching a cherry in size, with a tendency for them to become matted together, particularly at the apex of the lung. Adhesions between the pleural layers, with carcinomatous infiltration, were present at various points. The youngest tumor-masses resembled cardiac vegetations in appearance. The left lung showed areas of atelectasis due to compression, with a few abscesses, but no tumor nodules. The nodules were everywhere for the most part superficial. Only occasionally did a nodule tend to invade the lung. Some of those in the diaphragmatic pleura invaded the muscular tissue to a moderate degree. The mediastinal glands were enlarged, pigmented, but were free from tumor nodules. No growths were found in any other part of the body.

Microscopical examination showed the tumor to be made up of cells epithelial in type and a stroma. These were arranged so as to produce two different pictures according to the situation. Superficially they were so arranged as to resemble villi, showing a strong resemblance to the papillary formations in certain ovarian cysts. Here the cells were of a long, cylindrical type. In the deeper portions the cells were distributed so as to form columns, or in many places definite alveoli.

An interesting feature was that there was a gradual transformation in shape of the superficial endothelial cells to the tumor cells of a definite cylindrical form.

Orth, Ziegler, Seeliger, and recently Hansemann have stated that they believe the tumors of the serous cavities resemble the carcinomata more closely than the endotheliomata, but none of them, according to Benda, have recorded cases in support of this view. Benda claims that his case fills this gap, because at many points a definite transformation from the superficial endothelial cells to those of a typical carcinomatous type could be made out.

Diagnosis of Carcinoma Duodeni.—CZYGAN (*Archiv für Verdauungskrankheiten*, vol. iii. No. 1) reports a case in which a cancer involved the duodenum from 1 cm. below the pylorus to within about the same distance of the ductus choledochus. The following data led to a correct diagnosis *intra vitam*: 1. The very high nitrogen excretion pointed to malignant